

**California Integrated Waste Management Board
Household Hazardous Waste Grant Cycle 16
County-wide Sharps/U-waste/Product Stewardship Coordination Grant
Final Activities Report**

Instructions: Please complete **all sections** of this activities report form to qualify your coordination grant for reimbursement. If multiple choices are appropriate, check all that apply. Attach additional sheets of explanation if desired (please key comments to the question number, if relevant).

Be sure to have the signature authority sign the report at the bottom of the form before returning it to your CIWMB 16th cycle grant manager.

1. Grant number _____
2. Grantee (lead coordinator agency)_____
3. Contact Person preparing this report _____
4. Contact Title _____
5. Contact phone number _____/ E-mail address _____
6. County-wide area _____ If this was a multi-county regional effort list the other county-wide areas participating together in the coordination project: _____

GROUP PARTICIPANTS

7. Check all the major stakeholder groups participating in this county-wide coordination grant for sharps/u-waste/product stewardship:
 - _____ City or County elected officials
 - _____ State or Federal government representatives
 - _____ Tribal governments
 - _____ City or County solid waste agencies
 - _____ City or County public health agencies
 - _____ City or County air pollution agencies
 - _____ City or County water pollution agencies (storm water, water quality, etc.)
 - _____ Regulatory/enforcement (CUPA, police, fire, toxic spill, etc.)
 - _____ Waste industry (haulers, recyclers, HHW facility operators, etc.)

- ____ Non-profit/interested public (environmental, environmental justice, etc.)
- ____ Business community (major commercial sharps/u-waste/product stewardship generators and retailers)
- ____ Alternative product vendors (less toxic, long life, reusable, recyclable, etc.)
- ____ General public
- ____ Other (list) _____

8. Were there any significant stakeholder groups or individual agencies that declined to participate? If so, list them and briefly explain (if you can) why they did not.

9. Check or list the significant activities that were undertaken and completed under the grant reporting period. (Please address all the categories shown in your application work plan. Be sure to check or list any additional activities not in the original plan, but approved later by your CIWMB grant manager.)

- ____ Workshops (# held / total # of participants) _____
- ____ Surveys (# households or businesses participating in the survey) _____
- ____ Studies
- ____ Plans
- ____ Inter-agency Agreements
- ____ Public/private partnerships
- ____ Regulations/ordinances
- ____ Best practices
- ____ Upgrade educational materials (print, multi-media, etc.)
- ____ Other (list) _____
- Are the results of any of these activities available to share with other jurisdictions? If, so, please attach a copy to this report form.

10. Were there any significant activities listed in your application work plan that were not completed? If yes, list them and briefly explain why they were not completed:

11. Are the stakeholders planning to continue meeting as a coordinating group beyond the grant term? _____

WORK PLAN RESULTS

12. Sharps/u-waste material generation **estimates**:

- Estimated amount of sharps/u-waste materials **generated** in the county-wide area per year (and units used)
 - _____ Fluorescent Lamps _____ (unit used)
 - _____ Batteries _____ (unit used)
 - _____ Electronic devices (non SB 20) _____ (unit used)
 - _____ Other (mercury containing devices, etc.) _____ unit used)
- Estimated amount of sharps/u-waste materials **currently** collected or otherwise diverted for recycling or safe disposal.
 - _____ Fluorescent Lamps _____ (unit used)
 - _____ Batteries _____ (unit used)
 - _____ Electronic devices (non SB 20) _____ (unit used)
 - _____ Other (mercury containing devices, etc.) _____ unit used)
- Estimated amount of sharps/u-waste materials **service gap** (generated minus diverted/safely disposed)
 - _____ Fluorescent Lamps _____ (unit used)
 - _____ Batteries _____ (unit used)
 - _____ Electronic devices (non SB 20) _____ (unit used)
 - _____ Other (mercury containing devices, etc.) _____ unit used)

13. Based on your research and stakeholder meetings, please give a brief and concise description of your proposed overall strategy(s) for sharps/u-waste management.

14. What are the proposed goals for the **next three years** of your sharps/u-waste management program?

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

15. What is your current program for collecting sharps/u-waste **household** materials? (check all that apply)

- _____ No current program
- _____ Permanent drop off facilities
- _____ Satellite drop-off centers
- _____ Curbside route or on-call collection
- _____ Mobile/temporary collection events or locations
- _____ Retail sales partner take-back centers (new or expanded)

- _____ Mail-back materials program to collector or manufacturer
- _____ Inter-agency or jurisdiction agreements for shared HHW facility usage
- _____ Other method (list) _____

16. What is your current program for collecting sharps/u-waste **conditionally exempt small quantity business generator** (CESQG) materials? (check all that apply)

- _____ No current program
- _____ Permanent drop off facilities
- _____ Satellite drop-off centers
- _____ Curbside route or on-call collection
- _____ Mobile/temporary collection events or locations
- _____ Retail sales partner take-back centers (new or expanded)
- _____ Mail-back materials program to collector or manufacturer
- _____ Inter-agency or jurisdiction agreements for shared HHW facility usage
- _____ Other method (list) _____

17. Sharps/u-waste **household materials** diversion coverage **estimate**:

- _____ Estimated percent of **households** currently served by sharps/u-waste collection programs (curbside, permanent facility, or mobile temporary event), retail take-back programs, or other recycling/safe disposal opportunities

18. Is additional coverage or facility capacity needed for collecting sharps/u-waste **household materials**? If yes, what form should it take?

- _____ None needed, existing coverage and capacity are adequate
- _____ Upgrades to existing permanent drop off facilities (capacity/hours/days)
- _____ New permanent facilities in new locations
- _____ Satellite drop-off centers
- _____ Begin or expand curbside route or on-call collection
- _____ Additional mobile/temporary collection events or locations
- _____ Retail sales partner take-back centers (new or expanded)
- _____ Mail-back materials program to collector or manufacturer
- _____ Inter-agency or jurisdiction agreements for shared HHW facility usage
- _____ Other method (list) _____

19. Sharps/u-waste **CESQG materials** coverage **estimate**:

- _____ Estimated percent of **CESQGs** currently served by sharps/u-waste collection programs (curbside, permanent facility, or mobile temporary event), retail take back programs, or other recycling/safe disposal opportunities

20. Is additional **CESQG** coverage or capacity needed for sharps/u-waste materials? If yes, what form should it take?

- _____ None needed, existing coverage and capacity are adequate
- _____ Upgrades to existing permanent drop off facilities (capacity/hours/days)
- _____ New permanent drop-off facilities in new locations
- _____ Satellite drop-off centers

- _____ Begin or expand curbside route or on-call collection
- _____ Additional mobile/temporary collection events or locations
- _____ Retail sales partner take-back centers (new or expanded)
- _____ Mail-back materials program to collector or manufacturer
- _____ Inter agency or jurisdiction agreements for shared HHW facility usage
- _____ Other method (list) _____

21. Does your county-wide area have a “best practices” standard for **convenient location** of sharps/u-waste drop off facilities?

- _____ No current or proposed standard
- _____ Yes, the standard is within _____ miles, or _____ minutes driving time from the surrounding **households**
- _____ Yes, the standard is within _____ miles, or _____ minutes driving time from the surrounding **CESQGs**
- _____ Yes, other standard: i.e. curbside, take back (list) _____

22. Does your county-wide area have a “best practices” standard for **convenient open times** for sharps/u-waste drop off facilities?

- _____ No current or proposed standard
- _____ Yes, the standard is _____ hours per day, for _____ days per month for **household** drop off
- _____ Yes, the standard is _____ hours per day, for _____ days per month for **CESQG** drop off.
- _____ Not applicable (why) _____

23. What is your proposed strategy for **reducing** the amount of sharps/u-waste **generation**

- _____ Education campaign (buy less, longer life, less toxic, etc)
- _____ Alternative product exchange events
- _____ Product sales bans (list) _____
- _____ Extended Producer Responsibility law
- _____ Other method (list) _____

24. What is your proposed strategy for illegal sharps/u-waste disposal **enforcement**

- _____ General population awareness/education
- _____ Targeted education (by neighborhood or group)
- _____ Trash can surveys of homeowners
- _____ Load checks of trash trucks at landfill
- _____ Local ordinance, vendor permits, etc.
- _____ Administrative fines
- _____ Extended Producer Responsibility law (state wide)
- _____ Extended Producer Responsibility law (local)
- _____ Other local legal action (list) _____
- _____ Other method (list) _____

25. What is your proposed methods of sharps/u-waste **education/awareness**

- _____ Mass media (radio, TV, etc.)
- _____ Mass media (newspapers)
- _____ Mass media (internet web sites)
- _____ Target households (mail-outs, school presentation, flyers, etc.)
- _____ Target business (site visits, presentations, partnerships, etc.)
- _____ Other (list) _____

26. After this county-wide coordination effort, what are the **top five** major remaining **barriers** to increasing sharps/u-waste prevention/collection in your area? (rank any that apply)

- _____ Lack local funding resources
- _____ Lack of facilities, equipment, or event sites
- _____ Lack of staff
- _____ Staff training
- _____ User education
- _____ Stakeholder coordination
- _____ Need additional legal authority (statewide laws)
- _____ Need additional legal authority (local laws)
- _____ Need additional administrative authority (state approvals or regulations)
- _____ Need additional administrative authority (local approvals or regulations)
- _____ Other issue (list) _____

27. What is your **best estimate** of the total county-wide costs for programs to **prevent** sharps/u-waste generation?

- _____ current spending on sharps/u-waste
- _____ projected cost to meet sharps/u-waste identified goals
- _____ funding shortfall (needed \$ minus available \$)

28. What is your **best estimate** of the total county-wide costs for programs to properly **manage** sharps/u-waste?

- _____ current spending on sharps/u-waste
- _____ projected cost to meet sharps/u-waste identified goals
- _____ funding shortfall (needed \$ minus available \$)

29. Proposed local **funding sources/strategies** for needed additional sharps/u-waste prevention and collection efforts:

- _____ General fund
- _____ Waste account or other existing special fund
- _____ Revise franchise agreement
- _____ Revise disposal fees on households or CESQGS
- _____ Revise disposal gate fees at landfills or transfer stations
- _____ Revise disposal special fees at HHW collection centers
- _____ Enforcement fines
- _____ State grants (for ongoing HHW operations)

- _____ State competitive grants (for facility and new program development)
- _____ Fees for retail businesses selling sharps/u-waste
- _____ Mandatory take-back or mail-back to retailers or manufacturers
- _____ Other method (list) _____

30. Are there any other sharps/u-waste management recommendations, research findings, or strategies that came out of your county-wide coordination meetings or research that you want to share with other cities and counties? (use additional sheets if desired)

31. Assuming that your county-wide coordination, education, and funding strategy is implemented as planned over the next 3 years, what is your **estimate** (best guess) of the resulting:

- _____ **Percent** of progress in per household **reduction** that can be achieved in your county-wide generation of sharps/u-waste materials?
- _____ **Percent** of progress in per household **diversion to recycling/safe disposal** that can be achieved for the remaining county-wide generated sharps/u-waste materials?

GRANTEE FEEDBACK:

32. Do you feel that this grant funded coordination effort has **impacted** the ability of your county-wide systems to **decrease sharps/u-waste generation**?

- _____ Little or no difference
- _____ Some assistance
- _____ Significant assistance

33. Do you feel that this grant funded coordination effort has **impacted** the ability of your county-wide systems **to increase sharps/u-waste diversion/safe disposal**?

- _____ Little or no difference
- _____ Some assistance
- _____ Significant assistance

34. Should the CIWMB continue to use its limited grant resources to offer assistance grants for **county-wide coordination** in future grant cycles?

- _____ No, use coordination funds for competitive infrastructure or other type of HHW grants (list types) _____
- _____ Yes, continue to offer county-wide coordination grants on this or other issues (list topics) _____

- If yes, what percent of the \$4.5 million available for HHW grants should be set aside in future cycles for county-wide coordination efforts? (current funding is 11%) _____%

35. Do you have any suggestions on how to make the **coordination grant** process better or more useful? _____

36. Is there anything else you would like to tell the CIWMB or CIWMB staff about coordination grants or the topic of sharps/u-waste in general? (use additional sheets if desired) _____

Please feel free to attach any model documents such as sharps/u-waste ordinances, standards, best practices, or education materials that you think would be helpful to share with other local governments. Thank you for your help in this planning project.

SIGNATURE:

Disclaimer statement:

The statements and conclusions of this report are those of the Grantee and not necessarily those of the California Integrated Waste Management Board, its employees, or the State of California. The State makes no warranty, express or implied, and assumes no liability for the information contained in this report.

I hereby certify that all information in this report is a true representation of the events and results of the sharps/u-waste coordination grant process.

Signed by (Signature Authority for Grantee as authorized in resolution)

_____ Date: _____